



County of Los Angeles CHIEF EXECUTIVE OFFICE

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WILLIAM T FUJIOKA
Chief Executive Officer

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Fifth District

November 6, 2007

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

DEPARTMENT OF TREASURER AND TAX COLLECTOR: REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL DISTRICTS - 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 10846649 in amount of \$425,558.00
2. Account Number 11146634 in amount of \$14,968.04
3. Account Number 11010896 in amount of \$38,000.00
4. Account Number 11330059 in amount of \$5,000.00
5. Account Number 11346715 in amount of \$4,705.00
6. Account Number 11366277 in amount of \$32,000.00
7. Account Number 11026002 in amount of \$3,815.39

PURPOSE /JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

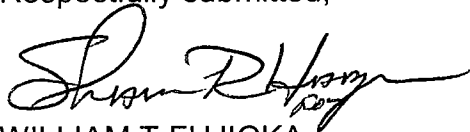
FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not Applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No Impact.

Respectfully submitted,



WILLIAM T FUJIOKA
Chief Executive Officer

WTF:LN:MJS
GS:LM:dc

Attachments (7)

c: Auditor-Controller
County Counsel

Comp.95.bl

Reviewed by:

RAYMOND G. FORTNER, JR.
County Counsel

by 
Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 95A

Amount of Aid	\$525,558.00	Account Number	10846649
Amount Paid	0.00	Name	Adult Male
Balance Due	525,558.00	Service Date	04/17/04 thru 06/30/04
Compromise Amount Offered	425,558.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$100,000.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at Harbor UCLA Medical Center at a cost of \$525,558.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$1,587,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 529,166.66	\$ 300,000.00	18.90%
Attorney Cost	8,788.03	8,788.03	0.55%
County of Los Angeles	525,558.00	425,558.00	26.81%
Net to Client	N/A	853,153.97	53.74%
Total	\$1,063,512.69	\$1,587,500.00	100.00%

Our financial investigation reveals that the client is unemployed, disabled and supported by his mother. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 95B

Amount of Aid	\$101,804.00	Account Number	11146634
Amount Paid	0.00	Name	Adult Male
Balance Due	101,804.00	Service Date	01/18/06 thru 04/16/06
Compromise Amount Offered	14,968.04	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$ 86,835.96	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a slip and fall accident. He was treated at Harbor UCLA Medical Center at a cost of \$101,804.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$200,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 66,583.79	\$ 66,583.79	33.29%
Attorney Cost	248.63	248.63	0.12%
California Hospital	348,055.91	51,169.64	25.58%
CMCLA Pathology Medical Group	1,484.60	219.73	0.11%
Westmed Ambulance, Inc.	745.25	106.53	0.05%
Los Angeles Fire Dept.	827.25	119.85	0.06%
County of Los Angeles	101,804.00	14,968.04	7.49%
Net to Client	N/A	66,583.79	33.30%
Total	\$519,749.43	\$200,000.00	100.00%

Our financial investigation reveals that this client is unemployed and receives loans from his attorney. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 95C

Amount of Aid	\$234,016.00	Account Number	11010896
Amount Paid	0.00	Name	Adult Male
Balance Due	234,016.00	Service Date	09/29/04 thru 11/05/04
Compromise Amount Offered	38,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$196,016.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$234,016.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$115,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 38,000.00	\$ 38,000.00	33.04%
Attorney Cost	1,230.59	1,000.00	0.87%
LA Fire Department	784.75	784.75	0.68%
County of Los Angeles	234,016.00	38,000.00	33.04%
Net to Client	N/A	37,215.25	32.37%
Total	\$274,031.34	\$115,000.00	100.00%

Our financial investigation reveals that the client is unemployed and his only income is public assistance. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 95D

Amount of Aid	\$37,322.00	Account Number	11330059
Amount Paid	0.00	Name	Adult Female
Balance Due	37,322.00	Service Date	11/23/06 thru 12/05/06
Compromise Amount Offered	5,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$32,322.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$37,322.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,147.72	\$ 4,147.72	27.65%
Attorney Cost	195.15	195.15	1.30%
Ginoza & Nakano Chiropractic	2,905.00	345.96	2.31%
Robert Applebaum, M.D.	950.00	350.00	2.33%
Westmed Ambulance	1,017.75	813.45	5.43%
County of Los Angeles	37,322.00	5,000.00	33.33%
Net to Client	N/A	4,147.72	27.65%
Total	\$46,537.62	\$15,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 95E

Amount of Aid	\$55,728.00	Account Number	11346715
Amount Paid	0.00	Name	Adult Female
Balance Due	55,728.00	Service Date	09/01/05 thru 09/30/05
Compromise Amount Offered	4,705.00	Facility	Olive View Medical Center
Amount to be Written Off	\$51,023.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a medical malpractice case. She was treated at Olive View Medical Center at a cost of \$55,728.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$12,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,800.00	\$ 4,800.00	40.00%
Attorney Cost	495.00	495.00	4.12%
County of Los Angeles	55,728.00	4,705.00	39.21%
Net to Client	N/A	2,000.00	16.67%
Total	\$61,023.00	\$12,000.00	100.00%

Our financial investigation reveals that the client lives with her mother and supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 95F

Amount of Aid	\$87,898.00	Account Number	11366277
Amount Paid	0.00	Name	Adult Female
Balance Due	87,898.00	Service Date	06/22/06 thru 10/04/06
Compromise Amount Offered	32,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 55,898.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$87,898.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,000.00	\$ 33,000.00	33.00%
Attorney Cost	313.07	313.07	0.31%
Sports Chiropractic Center	1,805.00	631.75	0.63%
DHS for Methodist Hospital	1,633.90	1,225.43	1.23%
County of Los Angeles	87,898.00	32,000.00	32.00%
Net to Client	N/A	32,829.75	32.83%
Total	\$124,649.97	\$100,000.00	100.00%

Our financial investigation reveals that the client is unemployed, lives with her grandmother and receives support from friends and family members. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 95G

Amount of Aid	\$39,968.00	Account Number	11026002
Amount Paid	0.00	Name	Adult Male
Balance Due	39,968.00	Service Date	01/24/04 thru 08/03/04
Compromise Amount Offered	3,815.39	Facility	MLK Medical Center
Amount to be Written Off	\$36,152.61	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at MLK Medical Center at a cost of \$39,968.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$13,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,200.00	\$ 5,200.00	40.00%
Attorney Cost	1,139.58	1,139.58	8.77%
Advance Medical Health	5,045.00	481.95	3.71%
Hurria Medical Corporation	550.00	52.51	0.40%
Los Angeles Fire Dept.	422.00	40.29	0.31%
Advance Professional Imaging	334.00	31.86	0.25%
County of Los Angeles	39,968.00	3,815.39	29.34%
Net to Client	N/A	2,238.42	17.22%
Total	\$52,658.58	\$13,000.00	100.00%

Our financial investigation reveals that this client is unemployed and supports himself with a marginal income. He has no other source of income or tangible assets.